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Attorneys for Plaintiff PATTONIUM, INC.

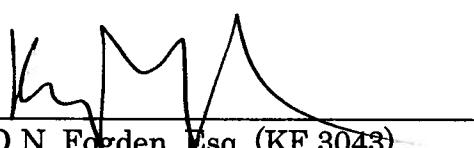
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
PATTONIUM, INC. : 07 CIV 6204 (PKC)  
: :  
Plaintiff, : :  
-against- : CERTIFICATE  
: :  
J & D ASSOCIATES, LLC, :  
NORTH AMERICAN CONCERTS, CORP., :  
EDWARD MORELLI, :  
NORTH AMERICAN CONCERTS, INC. :  
: :  
Defendants. -----X

I hereby certify under penalty of perjury that a true and correct copy of the foregoing Amended Complaint was served upon the Defendant J & D Associates, LLC by certified mail, return receipt requested, to the registered agent of the Defendant, David Underwood, on August 18, 2007. A copy of the return receipt, signed by Mr. Underwood, is attached hereto.

Dated: New York, New York  
August 21, 2007

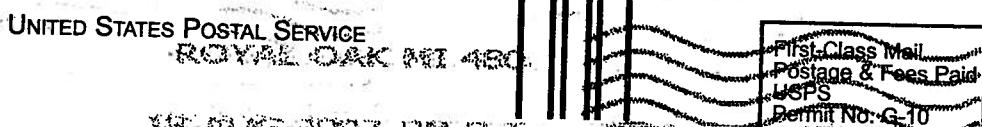
SHUKAT ARROW HAVER WEBER  
& HERBSMAN, LLP

By: 

Kyle D.N. Fogden, Esq. (KF 3043)

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<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text" value="David Underwood"/></p> <p>C. Date of Delivery <input type="text" value="8-18-07"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>David Underwood 34561 Fontana Drive Sterling Heights, MI 48321</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 3450 0002 8503 0070</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	



- Sender: Please print your name, address, and ZIP+4 in this box •

Dorothy M. Neber, Esq  
Shukat Arrow Hafer Weber & Herbsman, LLP  
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*[Signature]*

211 COSS 